

How stigma reinforced through institutional processes contributes to barriers to health care for incarcerated women living with HIV

September 2021

BACKGROUND

The number of women who are incarcerated across Canada is growing and women living with HIV are overrepresented within prison settings and are over criminalized and policed. Previous research indicates that during and after release from incarceration, women face worse HIV health outcomes compared to men, yet little is known about their lived experiences and access to HIV care while incarcerated.

Many jurisdictions across Canada have made the switch in health care delivery from private, under the privity of correctional services, to public, under the responsibility of provincial health care authorities. This research has timely implications for policy and programming to promote increased continuity of care and continued investment in the health of marginalized women who experience incarceration.



FINDINGS

Heightened experiences of HIV-related stigma within correctional facilities can lead to experiences of isolation and discrimination for women living with HIV while incarcerated.

- This is re-enforced by institutional processes within prisons, such as medications dispensing procedures and medical escorts, which limit medical privacy and compromise confidentiality.
- Women living with HIV expressed a lack of clarity with regards to the bounds of confidentiality of medical information with in prison settings.
- These factors can lead to barriers to care access and impact continued HIV treatment during incarceration.

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They'd be like she's got HIV.
Don't go near her.”

IMPLICATIONS AND RECOMMENDATIONS FOR POLICY AND PRACTICE

IMPLEMENT educational programs in prison settings that counteract misinformation regarding HIV transmission and treatment

Programmatic change needs to focus on sustained educational efforts to address HIV-related stigma, for both prison staff and people who are incarcerated. Educational efforts should centre people with lived experience of HIV whenever possible.

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They look at you like you're contaminated.
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I would go up with like three other women to get meds. And it's so open. It's not very discreet.
”

REVIEW institutional processes that undermine medical privacy and reinforce stigma

Institutional processes including medications dispensing procedures and medical escorts must be reviewed and adapted to promote privacy. Input from people who experience incarceration is crucial.

FOSTER clear and ongoing communication about the confidentiality of medical information within correctional facilities to promote access to care

This includes an emphasis on transparent communication surrounding the confidentiality of health information in prison settings.

REDRESS the criminalization of women living with HIV and implement trauma-informed and culturally safe practice and supports

Trauma-informed and culturally safe practice will support HIV disclosure and access to care. Long-term goals should refocus the purpose of the criminal justice system away from punishment, retribution and incapacitation towards rehabilitation and healing.

About the Research

This research was led by the Centre for Gender & Sexual Health Equity at the University of British Columbia, in close partnership with longstanding community partnerships, and draws on qualitative findings from a community-based research project of women living with HIV in Metro Vancouver. Since its inception, the research has involved women living with HIV across the project and holds ethic approvals at UBC and Providence Health Care. This research is funded by the Canadian Institutes of Health Research.

About the Centre for Gender & Sexual Health Equity

CGSHE is a University of British Columbia and Simon Fraser University academic centre housed at Providence Health Care. Its mission is to provide leadership in gender equity and sexual health for all in BC, Canada and globally through conducting rigorous community-engaged research that meets the highest scientific and ethical standards; promoting evidence-based policy development; and fostering the implementation of innovative, patient-centered and equity-oriented clinical and community practices through guidelines and education.

Citation: Erickson M, Shannon K, Ranville F, Pooyak S, Howard T, McBride B, Pick N, Elwood Martin R, Krüsi A. “[They look at you like you're contaminated](#)”: How HIV-related stigma shapes access to care for incarcerated women living with HIV in a Canadian setting. *Canadian Journal of Public Health*. 2021; Online First. doi:10.17269/s41997-021-00562-z

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